



AQUATICS

APPLICATION FOR INSTRUCTION

POOL _____ **DATE** _____

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ **PHONE NUMBER** _____

LIST ANY PHYSICAL DISABILITIES, ALLERGIES OR PROBLEMS WHICH THE INSTRUCTOR SHOULD BE AWARE OF (i.e.: EPILEPSY, SEIZURE, MEDICATIONS, HEART OR STROKE PATIENTS).

PERSON TO NOTIFY IN CASE OF EMERGENCY _____

HOME PHONE # _____ WORK PHONE # _____

PREVIOUS INSTRUCTION: YES _____ NO _____

WHEN _____ WHERE _____

NAME OF COURSE: _____ INSTRUCTOR: _____

SKILLS LEARNED (i.e.; BOBBING, BREATHING, NAME OF STROKES LEARNED)

RED CROSS CERTIFICATION IN _____

ACCIDENT/INJURY RELEASE CLAUSE

I, THE UNDERSIGNED, DO HEREBY ASSUME RESPONSIBILITY FOR ANY ACCIDENT, INJURY, OR DEATH THAT MAY RESULT FROM MY CHILD'S PARTICIPATION IN THE CITY OF CHARLESTON'S SWIMMING PROGRAM. I UNDERSTAND THERE IS RISK OF INJURY IF MY CHILD PARTICIPATES, AND I HEREBY RELEASE THE CITY OF CHARLESTON, SOUTH CAROLINA, AND THE DEPARTMENT OF RECREATION, THEIR AGENTS, SERVANTS AND EMPLOYEES FROM SUITS OF LAW, OF WHATSOEVER KIND OR NATURE.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Note: All swim team participants must be registered and have insurance before they participate, including practices. ALL FEES ARE NON- REFUNDABLE.

Initial One: _____ I want my child insured by the policy offered through the Department of Recreation. (Runs March 1- February 28)

_____ I have my own accident insurance coverage with (company). _____

FOR PERSONNEL USE

NAME OF COURSE: _____ DATE & TIME _____

INSTRUCTOR: _____ FEE: _____

DATE PAID: _____ CITY RESIDENT: Y _____ N _____

RECEIPT #: _____ STAFF SIGNATURE _____